

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5329

1. PLACE OF DEATH

County Howell

Registration District No. 3821

Township

Primary Registration District No. 4727

City Wrest Plains Mo.

File No. 32

Registered No. 3821

St. _____ Ward _____

2. FULL NAME Walter E. Bees

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 4. COLOR OR RACE WHT 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

9A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Bees

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 1 15

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. County School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supt. 189

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Jasper Bees

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Julia Hope

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs W. E. Bees (ADDRESS) Wrest Plains, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wrest Plains Mo DATE 2-15- 1931

19. UNDERTAKER M^o Farland's (ADDRESS) Wrest Plains Mo

20. FILED 2-27- 1931 O. P. A. Nimich Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12- 1931

22. I HEREBY CERTIFY, That I attended deceased from 2-9- 1931, to 2-12- 1931
I last saw him alive on 2-9- 1931. Death is said to have occurred on the date stated above, at 3:20 pm.
The principal cause of death and related causes of importance were as follows:

Coronary embolism
1213
930
1940
Other contributory causes of importance:
Myocarditis ①

Name of operation Appendectomy Date of 2-1-31
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) R. P. Ogden, M. D.
(Address) Wrest Plains Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

